

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601			
STATE LICENSE NUMBER: 01611500					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
H 0000	<p>INITIAL COMMENT</p> <p>This report is the result of a State Licensure survey conducted on July 11, 12, & 13, 2023, at Aestique Ambulatory Surgical Center. It was determined the facility was in compliance with the requirements of 35 P.S. § 448.809 (b).</p>	H 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 0000	INITIAL COMMENT	S 0000			
S 033S	<p>This report is the result of a State licensure survey conducted on July 11, 12, and 13, 2023, at Aestique Ambulatory Surgical Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>	S 033S			
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S 033S	Continued from page 1 553.3 (13)(i-iv) Govern Body Responsibilities Governing Body responsibilities include: (13) Approving major contracts or arrangements affecting the medical care provided under its auspices, including, those concerning: (i) The employment for contractual arrangements with practitioners and others providing direct patient care. (ii) The provision of all treatment related services including, radiology, medical laboratory, pathology , anesthesia and pharmaceutical services. (iii) The provision of care by other health care organizations. (iv) The provision of education to students and post graduate trainees. This REGULATION is not met as evidenced by:	S 033S	To clearly reflect the same verbiage in the Bylaws, Rules and Regulations, Pre-Anesthesia Evaluation & Consent/Pre-Operative H&P, and in the policies, policy AN102 and pre-Anesthesia Evaluation & consent/ Pre-operative H&P, were modified. Upon further review, it was determined by Aestique that Policy AN102 Professional Relationships Policy no longer applies to our current CRNA only Anesthesia model as this policy was based off of an old model that included MDAs. Therefore, this Policy will be deactivated to avoid discrepancies. On Pre-Anesthesia Evaluation & Consent/Pre-Operative H&P we removed the verbiage "I agree with the anesthesia plan of care which includes prescriptive authority of anesthesia medication and perioperative medication." We replaced this statement to state "I have personally examined this patient immediately prior to surgery and find them to be an appropriate candidate for an ASC. I have	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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S 033S	Continued from page 2	S 033S	<p>reviewed and agree with the anesthesia provider's H&P/Pre-Operative evaluation. The anesthesia plan was discussed and I approve of the plan and the medication given in the peri-operative period."</p> <p>These changes will go through the MEC for approval prior to implementation.</p> <p>By making these changes to the above mentioned documents, all documents will now align to convey that the attending physician is responsible to oversee the CRNA throughout the perioperative period. There will be an in-service to inform CRNA's, Nursing staff, and Physicians of the updated wording on the Anesthesia Consent. Pre-op and OR nurses, as well as CRNA's will be informed that the surgeon has to sign the statement on the anesthesia consent confirming he/she is overseeing the CRNA and Anesthesia plan. Each individual will be required to sign off on the information to document their understanding of the update.</p>		

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S 033S	Continued from page 3	S 033S	<p>The Pre-Operative Nursing staff will be responsible for monitoring the Anesthesia Consent to confirm that the surgeon has signed the statement agreeing with the CRNA's assessment, H&P, and Anesthesia plan.</p> <p>If the signature is not there the pre-op nurse will stop the transfer of the patient to the OR until the surgeon has signed off on the CRNA's consent.</p> <p>The DON will perform a chart audit of every chart for 3 months to ensure compliance or identify any issues. This will be monitored by Medical records as an ongoing review of the charts.</p> <p>This new Pre-Anesthesia Evaluation & Consent/Pre Operative H&P will be implemented by August 28th 2023.</p>		

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S 033S	Continued from page 4 Based on a review of facility documents, credential files (CF), and interview (EMP), it was determined that the governing body failed to clearly define the role of the contracted anesthesia supplier for three of 10 credential files reviewed (CR8, CR9, CR10). Findings include: On July 12, 2023, a review of the Medical Staff Bylaws (Last Reviewed: 2/2423), Article III-Section E- Allied Health Professionals; Independent Allied Health Professionals, revealed the following:"(1)(c) CRNA's (2) Independent Allied Health Professionals may provide patient care services within the limits of their professional skills and abilities and within the scope of their license. An Independent Allied Health Professional's degree of participation in patient care shall be determined according to protocol or privileges the Governing Board recommends and approves. (3) Independent Allied Health Professional shall: (a) Exercise independent judgement in their areas of	S 033S			

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S 033S	Continued from page 5 competence, provided that a Medical Staff appointee shall have the ultimate responsibility for patient care; (b) Participate directly in patient management and care under the general supervision or direction of a Medical Staff appointee ..." On July 12, 2023, a review of the Medical Staff Bylaws (Last Reviewed: 2/24/23), - Article III- Allied Health Professionals General Statement, revealed the following: "Allied Health Professionals May: 1. Provide specified patient care services upon direct order and under the supervision and direction of their supervising physician. 5. Exercise such other prerogatives adopted by the Medical Staff or any of its departments or committees and approved by the Medical Executive Committee or the Governing Board. Allied Health Professionals May Not: 1. Give orders---verbal and written---unless he or she has been granted privileges to do so. (All orders must be countersigned by the responsible physician within 24 hours)."	S 033S			

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S 033S	Continued from page 6 On July 12, 2023, a review of the Medical Staff Bylaws (Last Reviewed: 2/24/23), - Article III- Section F- Delineation of Privileges (General Policy) revealed the following: Exercise of Privileges " 1. A practitioner who provides clinical services may only exercise those privileges the institution has granted him or her ... " On July 12, 2023, a review of the Medical Staff Bylaws- Article XVI- Rules and Regulations revealed the following: "(5) A History and Physical examination ... A practitioner shall examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure performed" On July 12, 2023, a review of policy AN102, Professional Relationship Policy (Last Revised: 10/09; Last Reviewed: 3/23) reveals the following: " 2. Responsibilities of Anesthesia Staff Members- 2.1.1 In accordance with the provisions hereof for medically directed cases, the Anesthesia Provider may delegate certain duties to Nurse Anesthetists,	S 033S			

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S 033S	Continued from page 7 who will perform under the Anesthesia Provider's Guidance or in cooperation with the operating surgeon as to State regulations. 4. Responsibilities of Certified Registered Nurse Anesthetists: 4.1 CRNA's are authorized to administer anesthesia in cooperation with a surgeon or a dentist ... 4.1.1 ... the nurse anesthetist's performance shall be under the overall direction of the surgeon or dentist for the patient's care" On July 12, 2023, a review of the Pre-Anesthesia Evaluation & Consent/Pre-Operative H & P revealed the following statement, "I agree with the anesthesia plan of care which includes prescriptive authority of anesthesia medication and perioperative medication." This statement is then signed by the operating surgeon. On July 11, 2023, a review of CF8, CF9, and CF10, revealed that the delineation of privileges approved by the Medical Executive Committee and Governing Body included general anesthesia and	S 033S			

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S 033S	Continued from page 8 Mac anesthesia. The Medical Staff Bylaws, the Medical Staff Rules and Regulations, and Policy AN102 define the scope of practice for the CRNA in the center and recognize that the CRNA practices under the direction and/or supervision of the surgeon. However, by signing the Pre-Anesthesia Evaluation & Consent/Pre-Operative H & P, the surgeon is abrogating his/her direction and supervision by providing the CRNA, prescriptive authority. Prescriptive authority is not conferred upon CRNA's by the State Board of Nursing in the Commonwealth of Pennsylvania. On July 12, 2023, from 2:15pm to 2:45pm, EMP4 and OTH1 acknowledged that anesthesia services for this facility were provided by CRNA's only. OTH1 indicated that the relationship between the physicians and the CRNA's was "collaborative ." OTH1 confirmed that CRNA's, in the Commonwealth of Pennsylvania, do not have prescriptive authority. EMP4 confirmed that the scope of the CRNA practice as described in the	S 033S			

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S 033S	Continued from page 9 Medical Staff Bylaws, Rules and Regulations, Policy AN102, and the Pre-Anesthesia Evaluation & Consent/Pre-Operative H & P were not in alignment.	S 033S			
S 5200		S 5200			

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S 5200	Continued from page 10 555.2 Medical staff membership 555.2 Medical Staff Membership A member of the medical staff shall be qualified for membership and the exercise of clinical privileges granted to him. The governing body of the ASF, after considering the recommendations of the medical staff, may grant clinical privileges to qualified, licensed practitioners in accordance with their training, experience and demonstrated competence and judgement. Members of the medicals staff and others granted clinical privileges shall currently hold licenses to practice in this Commonwealth. This REGULATION is not met as evidenced by:	S 5200	Practitioner's reappointment application was completed 5/31/23. MEC/Governing Board failed to review and approve in timely manner. To correct, applicant was processed thru facility on 7/12/23 after MEC/Governing Board approved applicant's credentials. Moving forward, we have decided to utilize MD Staff Credentialing software to assure compliance so that this does not happen again. The Executive Assistant will utilize the software, which tracks all items and dates and will not let you credential someone without all of the appropriate information. It will alert Executive Assistant of any missing or inactive items that need updated. The Executive Assistant will be responsible for completing the record and presenting it to the MEC/Board. No incomplete files will be presented. The MEC/Board will serve as the monitor to be sure everything is intact and accurate prior to approving credentials. We will continue to monitor for the	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023	

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S 5200	Continued from page 11	S 5200	next year.		

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S 5200	Continued from page 12 Based on a review of credential files (CF) and staff interview (EMP), it was determined that the facility failed to qualify members for medical staff re-appointment for one of 10 credential files reviewed (CF9). Findings include: On July 11, 2023, a review of CF9, revealed that the practitioner's provisional appointment was approved by the Medical Executive Committee and Governing Board from July 15, 2022 through June 15, 2023 via a letter dated July 13, 2022. A review of CF9 revealed an application for re-appointment completed on May 31, 2023. Further review revealed that the application for re-appointment was not processed by the facility and that the appointment to the facility medical staff was terminated on June 15, 2023.	S 5200			

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S 5200	Continued from page 13 On July 11, 2023 at 1:48pm, EMP2 confirmed that CF9's application was not processed, and CF9 had provided care to facility patients while not a member of the medical staff. On July 12, 2023, the operative schedule from June 19, 2023 through July 7, 2023 was reviewed. CF9 provided anesthesia services to 53 patients with expired credentials. On July 12, 2023 at 9:38am, EMP2 verified that 53 patients had been provided anesthesia services by CF9 from June 19, 2023 through July 7, 2023.	S 5200			

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S 53B0	555.3 (b) Requirements Privileges granted shall reflect the results of peer review or utilization review programs, or both, specific to ambulatory surgery. This REGULATION is not met as evidenced by:	S 53B0	We reviewed process as stated in our Bylaws Article 3, Section 14, all reappointment applicants must have peer review or utilization review data prior to considering approval of clinical privileges. Executive Assistant will be responsible for obtaining these for applicant's files. The peer reviews have been added to our credentialing checklist and will be entered into MD Staff credentialing software. The review will be presented at MEC/Governing Body to assure completion prior to granting any privileges. This will be audited by the MEC committee for the next year.	Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023	

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S 53B0	<p>Continued from page 15</p> <p>Based on a review of credential files (CF), and staff interview (EMP), it was determined that the facility failed to use the results of peer review or utilization review in the process of granting clinical privileges for three of 10 credential files reviewed (CF2, CF8, CF9).</p> <p>Findings include:</p> <p>On July 11. 2023, a review of CF2 (Re-appointment term: 7/1/2023 through 7/1/2025) revealed that no peer review data or utilization review data was used in granting clinical privileges.</p> <p>On July 11. 2023, a review of CF8 (Re-appointment term: 6/1/2022 through 6/1/2024) revealed that no peer review data or utilization review data was used in granting clinical privileges.</p>	S 53B0			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601			
STATE LICENSE NUMBER: 01611500					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 53B0	Continued from page 16 On July 11, 2023, a review of CF10 (Re-appointment term: 6/1/2022 through 6/1/2024) revealed that no peer review data or utilization review data was used in granting the clinical privileges. On July 11, 2023, at 1:50pm, EMP2 confirmed that neither peer review or utilization review data was used in granting clinical privileges for CF2, CF8, and CF10.	S 53B0			
S 53D2		S 53D2			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 53D2	Continued from page 17 555.3 (d)(2) Requirements 555.3 Requirements for membership and privileges. (d) Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations the procedures shall provide the following. (2) A review, summarized on record with appropriate documentation of the qualifications of the applicant. This REGULATION is not met as evidenced by:	S 53D2	Bylaws Article III, Section F were reviewed by Medical Director and Executive Assistant as part of education. Executive Assistant will be utilizing MD Staff credentialing software to assure compliance moving forward. All approved privileges will need to be noted as such prior to completing credentialing and presented to MEC/Governing Board at meeting prior to granting privileges to assure compliance. This will be effective immediately. For CF2 Board Certification - original copy in file was illegible. Executive Assistant contacted surgeon's office and obtained updated Board Certification. Verified thru MD Staff and updated with active dates. Exec Asst will utilize MD Staff Credentialing software to help monitor and update data moving forward effective immediately. The software will not permit you to move forward without having this information.	Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 53D2	Continued from page 18	S 53D2	All credentialing files will be monitored and audited by the MEC/Governing Board for the next year.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 53D2	<p>Continued from page 19</p> <p>Based on a review of facility documents, credential files (CF), and staff interview (EMP), it was determined that the facility failed to follow established policies and procedures in reviewing medical staff for re-appointment in two of 10 credential files revealed (CF1 and CF2).</p> <p>Findings include:</p> <p>On July 11, 2023, a review of the Medical Staff Bylaws (Last Revised: February 24, 2023), revealed Article II- Medical Staff Membership Qualifications and Ethics, (13) Board Certification: (a) Physicians shall be either board certified or have obtained preboard certification status with the American Board of Medical Specialties, the American Osteopathic Board of Surgery, the American Board of Podiatric Surgery or the American Board of Oral and Maxillofacial Surgery."</p>	S 53D2			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 53D2	Continued from page 20 On July 11, 2023, On July 12, 2023, a review of the Medical Staff Bylaws (Last Revised: February 24, 2023), revealed Article III- Appointments and Privileges- Section F- Delineation of Clinical Privileges (General Policy): Exercise of Privileges (1): "A practitioner who provides clinical services may only exercise those privileges the institution has granted him or her, or emergency privileges as described herein." On July 11, 2023, a review of CF1 (Reappointment: October 25, 2022 through October 25, 2024) revealed that CF1's delineation of privileges were signed by the Medical Director on September 28, 2023; however, the form failed to indicate whether the requested privileges were approved or denied. On July 11, 2023 at 1:40pm, EMP2 confirmed that	S 53D2			

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S 53D2	Continued from page 21 CF1, requested privileges; however, the delineation of privilege form did not indicate whether the privileges were approved or denied. On July 11, 2023, a review of CF2 (Reappointment: July 1, 2023 through July 1, 2025) revealed that CF2 's Board Certification had expired in 2020. On July 11, 2023 at 1:50pm, EMP2 confirmed the above.	S 53D2			
S 552A		S 552A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552A	Continued from page 22 555.22 (a)(1-2) Surgical Services - Preoperative Care 555.22 Pre-operative Care (a) Pertinent medical histories and physical examinations, and supplemental information regarding drug sensitivities documented day of surgery or one of the following: (1) If medical evaluation, examination and referral are made from a private practitioner's office, hospital or clinic, pertinent records thereof shall be available and made part of the clinical record at the time the patient is registered and admitted to the ASF. This information is considered valid no more than 30 days prior to the date of surgery. (2) A practitioner shall examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. The information shall be clearly documented in the medical record. This REGULATION is not met as evidenced by:	S 552A	The computer system requires the physician to select a statement attached to their H&P update on the DOS while they are doing their immediate pre-op assessment. It was discovered during the DOH survey that some of the Physicians were not selecting this statement "I have examined the Patient, immediately prior to surgery, and the patient's medical condition has not changed. I have reviewed the H&P and it is still relevant to this procedure and diagnosis." Which documents their immediate pre-op assessment. In order to correct this issue, this process will be reviewed with each surgeon to ensure that each of them understand that this statement must be selected. This will be completed by August 23rd 2023. It was also determined upon our review that the Nursing staff were looking for the date and time of the H&P update, but many did not realize they needed to also be looking for the assessment statement in order for the chart to be complete prior to entering the OR.	Completion Date: 08/23/2023 Status: APPROVED Date: 08/16/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/13/2023	
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S 552A	Continued from page 23	S 552A	<p>Nursing Staff in both Pre-op and the OR will be educated on the importance of this statement for compliance by August 23rd 2023. We have also added a statement onto our Anesthesia consent addressing that the Surgeon has seen the patient immediately before surgery and has confirmed and agreed to the Anesthesia plan for the patient. The surgeon must sign off on this Anesthesia consent as well.</p> <p>Our pre-operative staff will evaluate each patient chart prior to discharge from pre-op to confirm compliance and if they do not see this statement in the documentation they will stop the transfer to the OR and Alert the Physician to document their pre-op assessment prior to the patient going into the OR.</p> <p>The DON will perform a chart audit on every chart for 3 months to determine compliance and identify any issues or discrepancies. Medical records will continue to monitor this in their records review to assure compliance.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552A	Continued from page 24	S 552A	This will be completely implemented by August 23rd 2023.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552A	<p>Continued from page 25</p> <p>Based on a review of facility documents and medical record review (MR), and staff interview (EMP), it was determined the facility failed to ensure each patient was examined by a practitioner immediately prior to performing a procedure for eight of 10 medical records reviewed (MR1, MR2, MR5, MR6, MR7, MR8, MR9, and MR10).</p> <p>Findings include:</p> <p>On July 13, 2023, a review of the facility Medical Staff Rules and Regulations, last reviewed and revised on February 22, 2023, revealed, "Article XVI Rules and Regulations, Section A-Admissions...(5) A practitioner shall examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed."</p> <p>A review on July 12, 2023, revealed that MR1 had a date of service of April 12, 2023, and received a</p>	S 552A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552A	<p>Continued from page 26</p> <p>cataract extraction. Further review revealed that MR1 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 12, 2023, revealed that MR2 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed that MR2 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 13, 2023, revealed that MR5 had a date of service of May 1, 2023, and received a bilateral upper eyelid functional blepharoplasties. Further review revealed that MR5 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 13, 2023, revealed MR6 had a date of service of April 14, 2023, and received a bilateral micro discectomy to L5-S1. Further</p>	S 552A			

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S 552A	<p>Continued from page 27</p> <p>review revealed that MR6 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed that MR7 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 13, 2023, revealed MR8 had a date of service of May 16, 2022, and received an amputation of the second toe. Further review revealed MR8 failed to include a practitioner examination immediately prior to surgery.</p> <p>A review on July 13, 2023, revealed MR9 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR9 failed to include a practitioner examination</p>	S 552A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552A	Continued from page 28 immediately prior to surgery. A review on July 13, 2023, revealed MR10 had a date of service of April 14, 2023, and received a battery change of an IPG (impulse generator). Further review revealed MR10 failed to include a practitioner examination immediately prior to surgery. During an interview on July 13, 2023, at 1:40 PM, EMP4 confirmed the above.	S 552A			
S 552B		S 552B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552B	Continued from page 29 555.22 (b) Surgical Services - Preoperative Care 555.22 Pre-operative Care (b) A written statement indicating informed consent, obtained by the practitioner, and signed by the patient, or responsible person, for the performance of the specific procedures shall be procured and made part of patient's clinical record. It shall contain a statement which evidences the appropriateness of the proposed surgery, as well as any alternative treatments discussed with the patient. It shall also identify any practitioner who shall participate in the surgery. This REGULATION is not met as evidenced by:	S 552B	Pre-op nurses, OR Nurses, and physicians will be re-educated about Informed consent, by providing them with the facility's Informed Consent Policy. Each individual will confirm their understanding of the appropriately procedure for informed consent by signing off on the policy. This will be completed by August 23rd 2023. Pre-operative nursing staff will monitor the consent to confirm that it is signed by the patient or legal guardian, the physician, and a witness. They will also ensure that all dates and times match. If any discrepancies are found the nurse will immediate stop the transfer from Pre-op to the OR and alert the MD. The patient will not be able to be taken into the OR until the discrepancies have been resolved and the consent meets criteria for informed consent. The Clinical Director will do a chart audit of all charts for 3 months to ensure compliance and identify any issues.	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023	

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S 552B	Continued from page 30	S 552B	<p>This has been added to our medical chart audit form for medical records to assure ongoing compliance. This will be implemented by August 23rd 2023.</p> <p>If there is non- compliance there will be a re-education of surgeons and staff. The audit will then be extended for an additional 3 months.</p>		

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S 552B	<p>Continued from page 31</p> <p>Based on a review of facility documents and medical records (MR), and interview with facility staff (EMP), it was determine the facility failed to ensure informed consent was obtained by the practitioner prior to performing surgery for four of 10 medical records (MR1, MR2, MR5, and MR9).</p> <p>Findings include:</p> <p>On July 13, 2023, a review of the facility Medical Staff Rules and Regulations, last reviewed and revised on February 22, 2023, revealed, "Article XVI Rules and Regulations, Section A-Admissions...(4) It is the responsibility of the attending physician to provide a "legal, witnessed, informed consent," signed by the patient, parent, or legal guardian, for any procedures to be performed at the facility."</p> <p>A review on July 12, 2023, revealed MR1 had a date of service of April 12, 2023, and received a</p>	S 552B			

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S 552B	Continued from page 32 cataract extraction. Further review revealed MR1 included a surgical and anesthesia consent, both signed by the patient on April 12, 2023; however, the attending physician signed the forms on April 11, 2023, one day prior to the date of admission. A review on July 12, 2023, revealed MR2 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR2 included a surgical and anesthesia consent, both signed by the patient on April 12, 2023; however, the attending physician signed the forms on April 11, 2023, one day prior to the date of admission. A review on July 13, 2023, revealed MR5 had a date of service of May 1, 2023, and received a bilateral upper eyelid functional blepharoplasties. Further review revealed MR5 included a surgical and anesthesia consent, both signed by the patient on May 1, 2023; however, the attending physician signed the forms on April 29, 2023, one day prior	S 552B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601			
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S 552B	Continued from page 33 to the date of admission. A review on July 13, 2023, revealed MR9 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR9 included a surgical consent signed by the patient on April 12, 2023. The attending physician signed the surgical consent on April 11, 2023, one day prior to the date of admission. During an interview on July 13, 2023, at 1:20 PM, EMP4 confirmed the above findings.	S 552B			
S 552C		S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552C	Continued from page 34 555.22 (c)(1-5) Surgical Services - Preoperative Care 555.22 Pre-operative Care (c) Written instruction for preoperative procedures, which have been approved by the medical staff, shall be given to the patient or responsible person, and shall include: (1) Applicable restrictions upon food and drink before surgery (2) Special preparations to be made by the patient (3) The required proximity of the patient to the ASF for a specific time following surgery if applicable. (4) An understanding that the patient may require admission to the hospital in the event of medical need. (5) The requirement that, upon discharge of a patient who has received sedation or general anesthesia, a responsible person shall be available to escort patient home. With respect to patients who receive local or regional anesthesia, a medical decision shall be made regarding whether such patients require a responsible person to escort them home. This REGULATION is not met as evidenced by:	S 552C	Pre-op instructions policy PR-30 was developed and implemented. We have created the protocol that all pre op instructions are reviewed by pre op RN during preoperative phone call with the patient. This is documented in EMR. Revised policy AN105 pre op phone calls to reflect this as well. This new policy clearly outlines that all patients must have written pre op instructions prior to their surgery to assure we are in compliance. All pre operative staff were educated on this and will begin this 8/14/23. The medical Records personnel will audit this piece to assure compliance. All charts will be audited by the DON for three months. If there is non- compliance there will be a re-education of surgeons and staff. The audit will then be extended for an additional 3 months.	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601			
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S 552C	<p>Continued from page 35</p> <p>Based on a review of medical records (MR) and interview (EMP), it was determined the facility failed to ensure patients received written instructions for preoperative procedures which were approved by the medical staff.</p> <p>Findings include:</p> <p>On July 11, 2023, a request for the facility policy on providing patients with written preop instructions was requested, none was provided.</p> <p>A review on July 12, 2023, revealed MR1 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR1 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 12, 2023, revealed MR2 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR2</p>	S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552C	<p>Continued from page 36</p> <p>contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 12, 2023, revealed MR3 had a date of service of November 15, 2022, and received a bilateral full mastopexy with partial reduction, liposculpture lateral chest wall. Further review revealed MR3 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 13, 2023, revealed MR4 had a date of service of December 23, 2022, and received a bilateral gynecomastia, liposculpture lateral chest walls. Further review revealed MR4 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 13, 2023, revealed MR5 had a date of service of May 1, 2023, and received a</p>	S 552C			

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S 552C	Continued from page 37 bilateral upper eyelid functional blepharoplasties. Further review revealed MR5 contained no evidence that this patient received written preop instructions prior to surgery. A review on July 13, 2023, revealed MR6 had a date of service of April 14, 2023, and received a bilateral micro discectomy to L5-S1. Further review revealed MR6 contained no evidence that this patient received written preop instructions prior to surgery. A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed MR7 contained no evidence that this patient received written preop instructions prior to surgery. A review on July 13, 2023, revealed MR8 had a	S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 552C	<p>Continued from page 38</p> <p>date of service of May 16, 2022, and received an amputation of the second toe. Further review revealed MR8 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 13, 2023, revealed MR9 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR9 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>A review on July 13, 2023, revealed MR10 had a date of service of April 14, 2023, and received a battery change of an IPG (impulse generator). Further review revealed MR10 contained no evidence that this patient received written preop instructions prior to surgery.</p> <p>During an interview on July 12, 2023, at 9:45 AM,</p>	S 552C			

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S 552C	Continued from page 39 EMP3 confirmed that the physician offices provide the written preop instructions and the facility doesn't acknowledge the receipt of such anywhere in the medical record.	S 552C			
S 5921		S 5921			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 5921	Continued from page 40 559.2 (1) Director of Nursing 559.2 Director of Nursing The director of nursing shall be an currently licensed as a registered nurse in this Commonwealth and be responsible and accountable to the person in charge of the ASF for: (1) Delivery of nursing service to the patients, This REGULATION is not met as evidenced by:	S 5921	Organizational structure was corrected to reflect that the Director of Nursing is responsible & accountable of all nursing and clinical staff in facility. Director of Nursing reports to the Administrator. The Clinical Director oversees daily OR activities and reports to the Director of Nursing. These changes were reflected in each of the job descriptions to assure the solutions are sustained. The Administrator will review the job descriptions annual at the time of the employees review to assure compliance.	Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
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S 5921	<p>Continued from page 41</p> <p>Based on a review of facility documents and staff interview, it was determined that the facility failed to ensure the Director of Nursing was responsible and accountable to the Administrator for the delivery of nursing services provide to patients at the facilitiy.</p> <p>Findings include:</p> <p>On July 11, 2023, a review of the facility organizational chart (Last Reviewed and Approved: February 23, 2023) revealed that the Clinical Director was responsible and accountable for the operating room RN's, surgical technicians, radiology technicians, and clinical secretary.</p> <p>On July 11, 2023, a review of policy ON-3, Nursing Department Organizational Chart (Last Reviewed: February 2023; Last Revised: February</p>	S 5921			

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S 5921	Continued from page 42 2020) revealed that the Director of Nursing reports to the Medical Director and not the administrator. On July 11, 2023, at 9:40am, EMP2 confirmed that the Director of Nursing was not responsible and accountable for all nursing services in the facility.	S 5921			
S 6310		S 6310			

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S 6310	Continued from page 43 563.1 CHAPTER 563 - MEDICAL RECORDS - Principle 563.1 Principle The ASF shall maintain complete, comprehensive and accurate medical records for every patient to ensure adequate patient care. This REGULATION is not met as evidenced by:	S 6310	All policies were reviewed to reinforce proper protocols in compliance with regulation 563.1. Specifically, standing orders - we added IV Therapy of lactated ringers to the physician's pre op orders for the surgeon to select and sign off on, if applicable. The physicians will be made aware of the new order in their template to assure they know to approve and sign the order for the IV for each appropriate patient. This will be added to the checklist for the Medical Records Review and it will be monitored by the Medical Records Personnel to assure compliance. This will be completed by September 5th 2023 Discharge not signed - Incomplete record was reported to our medical records meeting and chart was filed as incomplete. Documentation is filed under SIS attachments. In order to assure this does not happen again the discharge signature will be added to the checklist for the Medical Records	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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S 6310	Continued from page 44	S 6310	<p>Review.</p> <p>The medical records Personnel will monitor all charts for compliance. This will be completed by September 5th, 2023</p> <p>No order for transfer –</p> <p>The Transfer policy will be reviewed with all appropriate staff members and they will be required to sign off on the policy to confirm their understanding of the process.</p> <p>It will be the responsibility of the Risk Management team to monitor the transfer process for compliance and completeness at each Risk Assessment meeting.</p> <p>This will be completed and implemented by September 5th 2023.</p> <p>ASA score - this was an error in transcription, as the ASA score has to be entered into more than one location within the patient's chart. The Anesthesia providers were notified and directed to verify information prior to signing off on the case.</p> <p>The Clinical Director will perform a chart audit on all charts for 3 months to identify any issue or</p>		

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S 6310	Continued from page 45	S 6310	discrepancies with the ASA charting. If there is non- compliance there will be a re-education of surgeons and staff. The audit will then be extended for an additional 3 months. This will be an ongoing chart audit moving forward. This will be completed and implemented by September 5th 2023.		

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S 6310	<p>Continued from page 46</p> <p>Based on a review of facility documentation and medical records (MR), and staff interview (EMP), it was determined the facility failed to ensure medical records were complete and accurate for 10 of 10 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10).</p> <p>Findings include:</p> <p>On July 13, 2023, a review of the facility Medical Staff Rules and Regulations, last reviewed and revised on February 22, 2023, revealed, "Article XVI Rules and Regulations, Section F-Medical Records (1) The attending physician will be responsible for the preparation of a complete medical record for each patient...(3) All orders for treatment shall be in writing...(10)...The components of the medical record must contain the following:...(q) Physician's orders."</p>	S 6310			

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S 6310	<p>Continued from page 47</p> <p>A review of MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10 revealed these patients received intravenous (IV) therapy of lactated ringers solution in the preoperative area. MR's1-through MR10 failed to include physician's orders for the preoperative IV therapy of lactated ringers solution.</p> <p>During an interview on July 13, 2023, at 10:05 AM, EMP4 confirmed that there are "standing orders" for all patients to receive IV lactated ringers solution at a rate of KVO (keep vein open) while in the preoperative suite. Further interview confirmed the new electronic medical records system failed to incorporate these "standing" orders.</p> <p>A review on July 12, 2023, revealed MR3 had a date of service of November 15, 2022, and received a bilateral full mastopexy with partial reduction, liposculpture lateral chest wall.</p>	S 6310			

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S 6310	<p>Continued from page 48</p> <p>MR3 contained no evidence that the physician signed the discharge order for this patient.</p> <p>During an interview on July 12, 2023, at 2:30 PM, EMP4 confirmed the above finding.</p> <p>A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. MR7 revealed a postoperative report indicating this patient required a transfer to the hospital. There was no physician's order indicating this patient should be transferred to the hospital.</p> <p>During an interview on July 13, 2023, at 11:25 AM, EMP4 confirmed MR7 lacked a physician's order to transfer the patient to the hospital.</p> <p>A review on July 13, 2023, revealed MR6 had a</p>	S 6310			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001036	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/13/2023
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC. STATE LICENSE NUMBER: 01611500		STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6310	Continued from page 49 date of service of April 14, 2023 for a bilateral microdiscectomy of L5-S1. MR6 revealed an ASA score of 3 pre-operatively on the anesthesia exam on April 14, 2023 at 11:41am. Intraoperatively, the ASA score was documented as ASA 2 at 12:41pm. During an interview on July 13, 2023 at 10:30am, EMP 4 confirmed the disparity in the ASA score between the pre-opertive examination to the intraopertive score.	S 6310			



Certified End Page

AESTIQUE AMBULATORY SURGICAL CENTER, INC.

STATE LICENSE NUMBER: 01611500

SURVEY EXIT DATE: 07/13/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY